## L150000/4725

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(/	Address)
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(1	City/State/Zip/Phone #)
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	Document Number)
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02-18-15

## **COVER LETTER**

SUBJECT:  WHEN PUSH COMES TO SHOVE, LLC  (Name of Limited Liability Company)  The enclosed member, resignation or dissociation and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to:  JASON HARRIS  (Contact Person)  WHEN PUSH COMES TO SHOVE, LLC  (Firm/Company)  7064 EAST GATE ROAD  (Address)  MILTON, FL 32570  (City/State and Zip Code)  For further information concerning this matter, please call:  JASON HARRIS  JASON HARRIS  (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  SS55 Filing Fee & Certified Copy  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Registration Section  Division of Corporations  Power Conference of Corporations  Power Conference of Corporations	TO: Registration Section Division of Corporations	
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MILTON, FL 32570  (City/State and Zip Code)  For further information concerning this matter, please call:  JASON HARRIS  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{array} \text{STREET/COURIER ADDRESS:} & MAILING ADDRESS: Registration Section Division of Corporations}    Mailing Address: Registration Section Division of Corporations	WHEN PUSH COMES TO SHOVE, LLC	
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□ \$25 Filing Fee	(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	• • •	•
Division of Corporations Division of Corporations		MAILING ADDRESS:
•	<del></del>	<u>-</u>
Third Billiand PD Box 5377	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	e limited liability company as	it appears on the records of the	Florida Department	
2. The Florida doc L1500001472	_	ssigned to this limited liability c	ompany is:	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is	Feb 3, 2015	
4. I, RACHELLE	HARRIS	, hereby withdraw/resign a	ıs a	
	lame of Person Resigning) D MEMBER (AMBR)			
	(Print Title)			
of this limited lia resignation in wr		e limited liability company has	been notified of my	
Rachelle	Facus ssociating Member or Resign		<u> </u>	
Signature of Di	ssociating Member or Resign	ning Manager	FEB -9	7 ;
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		MH IO: 5	T)